

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/22/2016
FORM APPROVED
OMB NO. 0938-0391

45th 6/03/16

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445145	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/19/2016
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NAME OF PROVIDER OR SUPPLIER

GOLDEN LIVINGCENTER - MOUNTAIN VIEW

STREET ADDRESS, CITY, STATE, ZIP CODE

1380 BYPASS ROAD
WINCHESTER, TN 37398

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS	F 000		
F 278 SS=D	<p>A Minimum Data Set Focus Survey was completed on 4/18-19/16 at Golden Living Center - Mountain View. A deficiency was cited under 42 CFR Part 483, Requirements for Long Term Care Facilities.</p> <p>483.20(g) - (j) ASSESSMENT ACCURACY/COORDINATION/CERTIFIED</p> <p>The assessment must accurately reflect the resident's status.</p> <p>A registered nurse must conduct or coordinate each assessment with the appropriate participation of health professionals.</p> <p>A registered nurse must sign and certify that the assessment is completed.</p> <p>Each individual who completes a portion of the assessment must sign and certify the accuracy of that portion of the assessment.</p> <p>Under Medicare and Medicaid, an individual who willfully and knowingly certifies a material and false statement in a resident assessment is subject to a civil money penalty of not more than \$1,000 for each assessment; or an individual who willfully and knowingly causes another individual to certify a material and false statement in a resident assessment is subject to a civil money penalty of not more than \$5,000 for each assessment.</p> <p>Clinical disagreement does not constitute a material and false statement.</p>	<p>F 278</p> <p>This plan of correction constitutes a written allegation of substantial compliance with federal Medicare and Medicaid requirements. Submission of this plan of correction does not constitute an agreement that the deficiencies actually exist, nor is it an admission that they exist. This submission is a good faith expression of the facility's desire to fully comply with Medicare and Medicaid requirements.</p> <p>Resident #2's MDS assessment dated January 29, 2016 was updated to include indwelling catheter and transmitted on April 19, 2016.</p> <p>Residents residing in the facility that have an indwelling catheter have the potential to be affected thus, an audit was conducted by the Registered Nurse Assessment Coordinator (RNAC) with corrections if applicable.</p> <p>Assessments completed in the past thirty (30) days for resident's who have an indwelling catheter will be audited to ensure the assessment is coded correctly by May 3, 2016.</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

*Christina Malvern**Executive Director 4-29-16*

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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NAME OF PROVIDER OR SUPPLIER GOLDEN LIVINGCENTER - MOUNTAIN VIEW			STREET ADDRESS, CITY, STATE, ZIP CODE 1360 BYPASS ROAD WINCHESTER, TN 37398		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 278	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on medical record review and interview, the facility failed to accurately complete Minimum Data Set (MDS) assessment for 1 resident (#3) of 10 residents reviewed.</p> <p>The findings included:</p> <p>Medical record review revealed Resident #3 was admitted to the facility on 1/22/16 with diagnoses including Dysphagia, Pressure Ulcer Sacral Region Stage 2, Pressure Ulcer of Right Buttock Stage 2, Pressure Ulcer Left Buttock Stage 2, Pressure Ulcer Left Heel Unstageable, Cognitive Communication Deficit, Adult Failure to Thrive, Arteriosclerotic Heart Disease, Hypertension, Kidney Transplant Status, Acquired Absence of Kidney, and Chronic Kidney Disease.</p> <p>Medical record review of the Nursing Progress Note dated 1/23/16 revealed the resident readmitted back to the facility from the hospital on 1/22/16 with an indwelling catheter in place. Further review revealed on 1/25/16 the catheter was removed and the facility "will monitor."</p> <p>Medical record review of an admission MDS assessment dated 1/29/16 revealed an indwelling catheter was not coded during the 7 day look back period.</p> <p>Interview with the MDS Coordinator and the Director of Nursing (DON) on 4/19/16 at 8:50 AM, in the DON's office confirmed the indwelling catheter was not coded on the admission MDS assessment dated 1/29/16 and the assessment was inaccurate.</p>	F 278	<p>The RNAC was re-educated on the Golden Living policy regarding assessment coding by the Director of Nursing Services (DNS) on April 20, 2016.</p> <p>The RNAC or designee will conduct an audit of resident assessments for residents with an indwelling catheter weekly x 4 weeks, then monthly x 2 months on 5 residents to ensure the assessments are coded correctly. Results of these audits will be presented to the monthly QAPI meeting for three (3) months by the Director of Nursing Service or designee for further review and recommendations.</p> <p>Date of Compliance: May 4, 2016</p>	5/4/16	